

MDR Tracking Number: M5-04-2148-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 15, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the health and behavioral initial assessment was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for date of service 11-14-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of June 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

May 27, 2004

MDR Tracking #: M5-04-2148-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in Orthopedic Surgery, is licensed by the Texas State Board of Medical Examiners in ____ and who provides health care to injured workers. This is the same specialty as the treating physician.

The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ when he slipped and fell onto his left knee. Physical examination revealed tenderness at the intrapatellar tendon insertion. An MRI of the left knee performed on 12/21/01 revealed a sprain of the anterior cruciate ligament with no evidence of any high-grade tear of the anterior cruciate ligament. It also revealed a low-grade chondromalacia patella. The patient received chiropractic care as well as physical therapy. On 11/14/03 the patient underwent a Health and Behavioral Initial Assessment.

Requested Service(s)

Health and Behavioral Initial Assessment performed on 11/14/03

Decision

It is determined that the Health and Behavioral Initial Assessment performed on 11/14/03 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient was medically stable for 14 months. He had reached maximum medical improvement on 09/12/02 and was released to his regular job. He had a 0% impairment at that time. He was stable on release; therefore, any treatments subsequent to 09/12/02 would not be medically necessary for treatment of an ____ injury. The Health and Behavioral Assessment was performed on 11/14/03 and therefore, not medically necessary.

Sincerely,